

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	3	1				
10		3				
11		1				
12	3					
13	2					
14	1					
15	3					
16	3					
17	4					
18	1					
19	1					
20	1					
21	4					
22	4					
23	1					
24	1					
25	4					
26	4					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
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48						
49						
50						
TOTAL IND	10					
TOTAL DEP	1					
TOTAL CLAIMS	11					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS